| ہے | Under the Paperw | ark fleduction Act o | f 1995, no | persons are réqu | ired to respond | | COLCEGO! OF BR | rademark Officernation under | œ; U.S. O ss & dispta | EPARTHENT ON | F CONNERCE CONTRACT | |
|--|---|--|----------------|---|------------------|---|----------------|------------------------------|--------------------------|--------------------|---------------------|--|
| L | Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information under the PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | 779 | 191805590 | | |
| L | CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL I | ЕНТІТУ | OR | | R THAN ENTITY | |
| - A | FOR ASIC FEE | · MUMO | . MULGER FILED | | MULIGER EXTRA | | RATE | FEE | | RATE | FEE | |
| 0 | 7 CFR 1.16(a)) | | | | | | | 1 | OR | | 1 | |
| (3) | 7 CFR 1.16(c)) | | minus 20 = | | | | ,x 1= | · | OR | X1 = | | |
| INDEPENDENT CLARIS (37 CFR 1.16(b)) | | KIS | minuą 3 : | | | i | K (= | | OR | XI : | | |
| M | ULTIPLE DEPEND | TIPLE DEPENDENT CLAM PRESENT (37 CFR 1.16(d)) | | | | | +1: | | OR | +1 . | | |
| * 11 | the difference in column 1 is less than zero, enter "O" in column 2. | | | | | | TOTAL | | OR | TOTAL | | |
| | CLAIMS AS AMENDED - PART II | | | | | | | | | • | | |
| | | (Column 1) | · | (Column 2) | (Column 3) | | SHALL E | ENTITY | OR | | THAN ENTITY | |
| A TN | • | REHAINING AFTER AMENDHENT | | HIGHEST HUKBER PREVIOUSLY PAID FOR I | PRESENT EXTRA | | RATE | . ADOI- TIONAL | | RATL | ADOI- TIONAL | |
| AMENDMENT | LOFS! | 104 | Minus | 104 | - | | X \$ < | FEE | OG | x 1/ = | FEE | |
| AEN N | GI OFA LIKELI | 1.3 | Minus | - 3 | ٠ | | X1 : | | OR | x . | · · | |
| ð | FIRST PRESENTATION OF MATIPLE DEPENDENT CLAIM (D) CFR 1,16(0) | | | | | | / | | OR | / | | |
| 7 | 21/05 | | | | | • | TOTAL ADOL FEE | | OR | TOTAL ADD'L FEE | | |
| 4 | 77(00 | (Column 1) | | (Column 2) | (Column 3) | _ | L. | | | ' | | |
| NT B | | CLAIMS RELVAIHING AFTER AMENDIKENT | | HIGHEST HUKBER PREVIOUSLY PAID FOB | PRESENT EXTRA | | FLATE | 100y | | <i>J</i> TAN | ADOI- TIONAL | |
| TNEMCI | Total (21 Car 1.16cm | 104 | Minus | -704 | = | | × 5 = , | €€€ | OR | K1 =4 | FEE | |
| AMEN | CH CER Frederic | 2 | Miras | <i>".3'</i> | = | | <u> </u> | i , | OR | × 1 | | |
| ٩ | FIRST PRESENT | FIRST PRESENTATION OF WALTING DEPCHOEM CLAM (3) OFR (.16(d)) | | | | | ÷= | 4 | 66- | 1 . | | |
| | - | | | | | • | ADOL FEE | | OR | TOTAL ADD'E FEE | | |
| | | (Column 1) | | (Column 2) | (Column 3) | _ | | | • | | | |
| MENTC | | CLAIMS RETAINING AFTER AFT TO MEET | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | rate. | ADDI- TIONAL | | RVITE | ADDI- | |
| Σ | Di Con Calen | | t.sinus | - | = | | | . F€€ | | | l F€€ | |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.16(4))

AMEN

If the entry is coldular 1 is less than the entry in column 7, write "O" in column 3.

"If the "Highest Number Previously Paid For fit THIS SPACE is less than 20, enter "O".

"If the "Highest Number Previously Paid For fit THIS SPACE is less than 3, enter "O".

The "Highest Number Previously Paid For fit THIS SPACE is less than 3, enter "O".

This collection of into nation is required by 37 CFR 1.15, The Indomesion is required to obtain or return a benefit by the public which is to fit (and by the USFTO to process) an application. Confidentially is powered by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to lake 12 nimites to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the included as a Any comments on the amount of time you require to complete this torm and/or suggestions for reducing this tundang should be sent to the Other Information Officer, U.S. Palent and Trademark Office, U.S. Department of Commoney, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Committee for Petents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

7000,756

OR

OR

TOTAL

If you need as sistence in compressing the form, call 1-803-RTO-6199 and colod option 2....